



**MANAGEMENT OF ALCOHOL
AND OTHER DRUGS
IN AUSTRALIAN WORKPLACES**

The Australasian College of Occupational Medicine

**MANAGEMENT OF ALCOHOL
AND OTHER DRUGS
IN AUSTRALIAN WORKPLACES**

*The Perspective of the
Australasian College of Occupational Medicine*

A report prepared by

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February 1992

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1.0

EXECUTIVE SUMMARY

The inappropriate use of alcohol and other drugs in Australia is a significant community health problem which impacts on workplaces.

All employers should have effective systems in place to

- reduce the risk of an acutely intoxicated employee posing a safety hazard to themselves, other employees, the business or the community,
- optimise the performance of employees who have chronic drug or alcohol related problems, and
- promote healthy behaviours with respect to alcohol or other drugs.

Effective systems must include:

- a policy which states the organisation's position,
- education of all employees on policy and at risk practices,
- professional resources to assist in program planning and problem resolution through a cooperative approach with employees,
- recognition of the key responsibilities of supervisors,
- mechanisms to identify and manage individuals with alcohol or other drug problems.

Drug testing programs can be used in appropriate situations when personnel management practices alone are regarded as insufficient protection. Serious consideration of the implications of implementing a drug testing program is required.

2.0

COLLEGE POSITION STATEMENT

The Australasian College of Occupational Medicine recognises that inappropriate use of alcohol and other drugs is an issue to be addressed by employers, professional bodies and the general community.

Within Australian organisations, inappropriate use of alcohol and other drugs;

does exist, with alcohol predominating in most cases

has the potential to adversely impact on workplace health and safety

should be addressed with appropriate policies and procedures.

Policies and procedures for alcohol and other drugs should;

aim at reducing the prevalence of abuse

be based on support and assistance for the affected employee

lead to normal disciplinary action if a problem is not resolved

be developed in consultation with employees and their representatives

include provisions for case identification, case management and group education.

The College accepts that specific chemical testing programs to detect individuals may be required in some circumstances but strongly opposes the use of such programs without an appropriate support framework for the management of individuals so identified.

It is the view of the Australasian College of Occupational Medicine that drug and alcohol screening programs should only be introduced into an Australian workplace where a careful needs assessment indicates that workplace or community health and safety could be compromised by drug or alcohol abuse. Screening should only occur after employee consultation, and after the establishment of an employee education and assistance program.

3.0

INTRODUCTION

Drug and alcohol abuse encompasses a wide spectrum of conditions with the potential for impairment of the physical and psychological health of employees and the safety of the working environment.

Drug and alcohol abuse is a significant public health problem in Australia. Available data suggests that a significant proportion of people with problems related to drug and alcohol abuse are in full time or part time employment.

Alcohol and tobacco are the cause of 90% of drug related deaths in Australia, with morbidity and loss of productivity as additional unmeasured burdens.

Alcohol has greater impact on Australian workplaces than tobacco due to the younger age of onset of the adverse effects of abuse.

While there is some debate on the public health strategies required to combat drug and alcohol abuse and the efficacy of specific forms of treatment, it is recognised that the workplace is an integral part of a comprehensive approach to the problem of drug and alcohol abuse in the community. The workplace provides an important opportunity for early detection and intervention, as the results of treatment for advanced drug and alcohol problems remain poor.

The prevalence and patterns of drug and alcohol abuse in Australia differ in some important respects from the overseas experience. Caution should therefore be exercised in the uncritical implementation of international programs to the Australian workplace.

The diversity of Australian workplaces will require a workplace specific approach. Consideration should be given to the demographic features of the workforce, evidence of an existing problem, geographic location and resources available in the formulation of a workplace program.

Workplaces in which occupational or public safety is a critical issue may require the adoption of more specific measures such as drug testing or screening.

Appended to this paper are the current position statements by the Confederation of Australian Industry and the Australian Council of Trade Unions.

The purpose of this document is to provide management and employees with a reference resource to assist in their discussion of this issue at their workplace

3.2 LEGISLATIVE CONSIDERATIONS

This section is not an expression of legal opinion but raises the relevant legislative considerations with respect to workplace drug and alcohol management. It is possible only to generalise here due to legislative difference between the States.

Occupational Health and Safety Acts

The general provisions of these Acts require employers to protect the health and safety of employees.

It could be argued that the possibility of attendance at work by employees adversely affected by alcohol or another drug is foreseeable. Given this, an employer would be expected to have some system or mechanism to reduce the risk of this occurring or leading to an accident or an unsafe situation. A visible policy and procedure to control the risk of this problem arising should be mandatory.

Industrial Law

Most awards contain provisions that require employees to present themselves to work "ready, willing and able." There are no criteria given by which ability can be judged and it is usually left to the discretion of supervisors. This approach is difficult to administer due to its potential for subjectivity.

Introducing a drug screening program for existing employees amounts to a change in contract of employment. This may need to be implemented through an award variation or local agreement, probably after discussion and agreement with relevant trade unions.

For new employees, the contract of employment should include the policies of the organisation with respect to alcohol and other drugs.

Privacy Law

States have privacy laws and/or review bodies. The specific relevance of any test or investigation to the needs of the workplace must be demonstrated. Unnecessary or irrelevant screening could be viewed as an invasion of privacy. Likely to be the most controversial under these laws would be a pre-employment multi drug screen.

Information of sufficient strength or specificity to establish a cause - effect relationship between the presence of drug metabolites and subsequent poor work performance does not appear prevalent, although some exists, eg (Zwerling, C. et al JAMA 1990:264 (20):2639-2643).

Policies can also result in workplace cultural and behavioural change. Cultural change that may accompany the introduction of screening is

difficult to measure, and may not be regarded as sufficient justification alone by privacy committees to implement a drug screening program.

Any workplace policy and procedure relating to drug and alcohol must have strict provisions to protect privacy and confidentiality.

Anti - Discrimination

The College understands that anti discrimination legislation will have no bearing on the implementation of drug and alcohol policies and programs if decisions are based on safety and/or fitness to perform the job.

The adoption of a policy precluding employment on the basis of a positive drug test alone could be construed as applying a stereotype without regard to the ability of the individual, which may be unlawful.

Specific Legislation

The passing of legislation specifically covering drug and alcohol testing is becoming commonplace in the US - the US Senate has passed ten specific bills since 1987.

Some also exist in Australia. The State Rail Authority of NSW conducts a random and post incident drug and alcohol screening program under specific legislation, the NSW Transport Administration Act (1988).

3.3 CULTURAL CONSIDERATIONS

The Australian workforce is composed of people from different cultures, religions and lifestyles. When an organisation is considering the introduction of a drug and alcohol screening program, it is essential that as part of the implementation of the program, consideration is given to these cultural differences and the implications on these cultural groups.

Some religions ban their members from the intake of alcohol and/or drugs. Asking an employee from one of these groups to submit to an alcohol or drug screening test may be perceived as an allegation that they are not following their religious practices. In some cultures extreme modesty may result in a reluctance to submit to a urine test.

Communicating in plain English and in community languages for the benefit of employees with limited English will assist. Use of posters, brochures and other internal means of communications, eg videos or briefing sessions may be necessary.

Those administering the tests must be adequately trained in the techniques and in cross cultural awareness to ensure the tests are administered properly and the findings are managed sensitively and confidentially. It is important that employees being tested thoroughly

understand the whole process and the experience is not an unpleasant one.

Consideration should be given to recruiting the assistance of people of both sexes and from a non-English speaking background who are bilingual or multi-lingual. This can assist in breaking down some of the cultural and language barriers. For example, a female tester would be greatly appreciated by women who may be required to provide urine samples.

4.0 POLICY AND PROCEDURE DEVELOPMENT

4.1 NEEDS ASSESSMENT

Relevant issues in the development of workplace drug and alcohol programs include:

Evidence of an existing problem.

An assessment of the impact of drug or alcohol abuse in a workplace is subject to significant limitations.

Indicators such as excessive or unusual patterns of absenteeism, changes in work performance and productivity are non specific.

The existence of drug or alcohol abuse may be overlooked. Absenteeism data may not be available. Supervisors and managers may not be aware of the indicators suggestive of problems related to drug or alcohol abuse or may be reluctant to act in the absence of well defined procedures.

The impact of drug and alcohol abuse on safety performance may be underestimated either from lack of relevant statistics or a failure to specifically identify the issue as part of an accident investigation process.

Workplace Safety

A workplace drug and alcohol program is an integral part of a comprehensive approach to occupational health and safety. A drug and alcohol program should be tailored to specific workplace safety requirements. Workplaces which operate hazardous processes or where employees are engaged in hazardous occupations may need to implement additional measures which place greater emphasis on deterrence and detection. Workplaces where operations may impact on public safety or the environment may need to take into account community expectations in the development of a drug and alcohol program.

In areas of critical safety, the workforce and the community may tolerate or expect the implementation of specific measures eg drug or alcohol testing, where those measures will effectively address a threat to health or safety. Implicit in this approach is an assessment of the risk of an incident occurring attributable to the abuse of drugs or alcohol and the consequences of that incident for the employee, fellow employees and the general public.

Workplace culture.

Drug and alcohol abuse is a sensitive issue which exists at all socioeconomic levels in the community. Widespread ignorance exists on the health implications of inappropriate use of drugs and alcohol.

In the workplace there may be a lack of understanding of the implications of drug and alcohol abuse for occupational health and safety, coupled with concerns of civil liberties, invasion of privacy, confidentiality, victimisation and discrimination. These concerns may become magnified in workplaces where there is a significant level of mistrust or industrial relations conflict.

Characteristics of the Workforce

Consideration should be given to the demographic features of the workforce. It may for example be inappropriate to develop a program which focuses on illegal drugs in an older workforce where the prevalence of this problem would be expected to be low.

Resources

Advantage should be taken of existing occupational health and training resources in the development of a drug and alcohol program. Where existing resources are limited, professional assistance should be obtained to advise on program development and to provide assistance with the management of individual cases. Resources required will depend on the scope of the program, the size and geographic location of the workplace.

4.2 IMPLEMENTATION FRAMEWORK

Integration

A program should reflect the specific occupational health and safety requirements of the workplace and form part of a balanced occupational health and safety program. A drug and alcohol program which is introduced in the absence of measures which reflect an overall commitment to OH&S may suffer from lack of credibility.

The workplace must give consistent messages with respect to alcohol and other drug usage, thus creating an environment that supports the desired behaviours.

Consultation

A consultative process between management and employees should commence early in the development of a policy on alcohol and other drugs. Whilst agreement may be initially difficult, the commitment generated to the final outcome will be stronger.

Policy

A policy statement will reduce the potential for misunderstanding and mistrust on a sensitive issue by the promotion of an understanding of the issues and clearly defining the procedures for, and assistance

available in, the management of drug and alcohol abuse in the workplace

The policy should:

- Be developed in consultation with employees and their representatives
- Reflect the commitment of the organisation
- Explain the rationale of the program
- Incorporate clear procedures on the management of employees with suspected drug or alcohol related problems
- Incorporate training and education, and
- Be communicated to both new and existing employees regularly.

Education and Training

The program should promote awareness of the health and safety implications of drug and alcohol abuse. Particular attention should be given to the recognition of the early indications of drug and alcohol abuse. Employees should be appraised of the generally advised safe levels of alcohol consumption, and the contribution of alcohol to community accidents and injuries.

The special requirements of supervisors and managers need to be met to ensure the appropriate management of employees in whom drug and alcohol abuse may present as a performance problem. It is not appropriate for a diagnosis of drug or alcohol abuse to be made by managers or supervisors. Managers and supervisors should become familiar with performance based indicators which may suggest an underlying problem, and arrange referral of the employee for further assistance in accordance with established procedures.

The program should reflect contemporary training standards. Training should be targeted, competency based, documented and regularly reviewed.

The content of training programs should include:

- The workplace policy and procedures
- The health effects of drug and alcohol abuse
- The implications of drug and alcohol abuse for performance and safety
- Methods of early detection of drug or alcohol abuse

Appendix 3 contains an excerpt from the College publication 'Health Promotion in Industry' relevant to alcohol and other drugs.

Compliance with a workplace policy cannot be expected unless the policy is effectively communicated and the implications for health and safety clearly understood.

Support

The management of employees with problems related to drug and alcohol abuse should be in accordance with the principles which apply to

any medical or personal problem which may interfere with work performance.

Drug and alcohol abuse is amenable to intervention. A successful outcome will benefit the employer through the maintenance of the services of a skilled employee, and the employee through the continuation of gainful employment.

The program should establish a supportive working environment which encourages employees with problems related to drug or alcohol abuse to seek assistance and which facilitates effective treatment and rehabilitation.

Professional Resources

Nominated specialist resources should be available to the workplace to assist with the development of workplace programs and the management of individual employees. Appropriate resources may include Occupational Physicians, Psychologists, Employee Assistance Program agencies, or other organisations with recognised expertise in this area.

4.3 TESTING FOR ALCOHOL AND OTHER DRUGS

During the late 1980's, drug testing of workers had become common place in the United States. In 1991, it was estimated that 60% of US fortune 500 companies had instituted some type of employee drug testing program. These programs, which mainly focus on pre-employment testing for banned substances in urine (usually excluding alcohol, but including illicit use of prescription or over-the-counter medications) have been justified on a variety of grounds.

These include:

1. Ensuring workplace and environmental safety.
2. Ensuring high quality employees/applicants.
3. Protection of the public safety.
4. Legal protection of the company against negligent acts of drug affected employees.
5. As a means of excluding from health benefits/pensions/disability insurance classes of potential employees who are seen to be involved in high risk health behaviour, thus protecting health funds etc from adverse claims.
6. As a necessary prerequisite to doing business with the US Federal Government Agencies.

Published evidence that pre-employment drug screening can affect on-the-job safety performance or health benefits/claims cost is weak. Anecdotal reports from the USA show that pre-employment drug testing only picks up the hard core addicts who cannot abstain for more than the few weeks necessary to ensure a "clean" urine specimen.

Added to the cost of setting up a properly run program, with its attendant "chain of custody" requirements, the need for "witnessed samples" in many cases, employee privacy concerns, laboratory analysis/accuracy issues, and the record keeping/communication requirements, are the issues of discrimination, effectiveness, use of scarce resources and potential legal/industrial confrontation.

It is essential for employers operating in the Australian industrial environment to undertake a needs assessment as one of the earliest steps if the introduction of a workplace drug testing program is being contemplated. An occupational health specialist such as a Fellow of the Australasian College of Occupational Medicine could advise on how to assess what is "right" for a company. However, this is ultimately a management decision - ideally taken in conjunction with employees and their representatives.

In countries such as Australia, where recreational drug use is at least one order of magnitude lower than in USA, routine pre/post employment drug screening may be hard to justify. Jobs where public safety is involved, eg railway drivers, airline pilots etc and certain other occupations such as offshore oil workers or underground mine workers however, may justify consideration of these more stringent measures.

Reasons for Testing

Testing may be introduced as part of a comprehensive Alcohol and Other Drug Policy. It should not stand alone as a substitute for a complete policy which should include the elements discussed above including:

- supervisory education and training
- education on drugs for the entire workforce
- adequate counselling and support networks
- clear procedures for handling problems.

Testing may serve several purposes when used as part of a comprehensive approach. These include:

- heightened awareness and education
- demonstration of the level of corporate commitment and intent
- in a pre-employment situation, a clear statement on the importance of drug related issues within a company culture
- a mechanism for maintaining a visible policy, with periodic reminders
- a safety net for unearthing problems not identified by normal supervisory and support roles.

What Testing Does

In Alcohol and Other Drug Programs, testing is usually by:

- breath analysis for alcohol

- urine analysis for other drugs.

These approaches have somewhat different connotations.

Breath Alcohol Measurement

Instrumentation is available on two levels.

- Simple, small instruments which are highly portable, hand held units usually operating on fuel cell technology. Police forces in all Australian States use one or other model of these to screen motorists at the road side. These are generally regarded as screening tests only and require confirmation by some other means - commonly either blood alcohol analysis (GC) or infrared breath testing.
- More complex and expensive infrared analysers are available, commonly with microprocessor interfaces which can be used to control testing sequence procedures and record information and calibration checks. These instruments are generally regarded as evidential, and are used by most police forces as confirmatory tests. Blood alcohol analysis is not regarded as necessary to support the reading from these machines if proper calibration and maintenance is carried out.

Readings by both these methods takes only seconds to minutes. This means that feed back and subsequent actions can be in process immediately.

Much experience has been gained by police forces and research units over many years, so that maximum breath alcohol levels have been prescribed for motorists. These generally relate reasonably well to levels of impairment, while recognising a wide biological variation. Cut off limits have been accepted, generally being 0.05 g/dl for driving most motor vehicles, and 0.02g/dl for heavy vehicles and public passenger vehicles in many states of Australia.

Urinalysis for Drugs

There are several important differences between breath alcohol testing and urine drug testing. These are:

1. Urine drug testing takes considerably longer (sometimes days for a result).
2. Sample collection is more complex, and generally regarded as more sensitive.
3. A specialised laboratory is involved in the analytic process, meaning that there are issues of sample security and transport to be addressed.
4. Interpretation of laboratory test results is required, with some specialised knowledge of drug groups and metabolic pathways.

5. Urine levels rarely give a reliable estimation of time of ingestion or peak serum levels, and hence generally do not relate well to estimating level of impairment.

Hence urine drug testing:

- does not provide quick feedback for handling immediate situations
- detects presence of drug, rather than level of impairment
- must always be carried through to accurate confirmatory testing if results are to be used for significant action
- requires careful attention to sample collection and handling procedures.

If urine drug screening is to be included as part of a comprehensive policy, all of these issues must be carefully addressed.

Techniques for Urine Drug Testing

Sample Collection

- privacy must be ensured
- consent for the procedure should be obtained
- reasonable precautions to ensure that the sample obtained has not been tampered with should be taken. This should rarely require direct observation of sample passage.
- a tamper proof security seal system is required to reassure both the company and the employee that the sample is unaltered in any way.

Laboratory Analysis

A laboratory should be chosen which meets stringent tests of sample systems integrity, analytic techniques and personnel qualifications. A qualified analyst should be available for interpretation of laboratory results.

- screening tests of sufficient sensitivity should be used to ensure reliable detection. This usually involves an immunoassay technique. Normally the panel of drugs to be screened should be decided with the knowledge of likely substances of abuse.
- positive screening tests should always be confirmed with a highly specific test, preferably GC/MS (gas chromatography, mass spectrometry).
- only tests confirmed as positive should be reported by the laboratory to a specified company medical officer.
- laboratory results should be reported only to a medical practitioner who has sufficient knowledge to determine if there is a reasonable

explanation for the presence of the drug (eg legitimate medical treatment).

- only positive tests which have passed all these stages should be notified to management for any supervisory action, the nature of which would depend on previously recorded and agreed procedures.

There are a number of ways in which alcohol and drug testing have been incorporated into company policies. These include:

Pre-employment

Job applicants should be made aware of company policy regarding alcohol and other drugs prior to presenting to a medical department for drug testing. This may lower the efficacy of the policing aspects of a drug program, but heightens the strength of the message concerning the corporate attitude to drugs and alcohol. It allows those uncomfortable with the situation to withdraw with dignity.

Under no circumstances should testing be done surreptitiously or without the knowledge of the job applicant.

It is important that informed, written consent for sample collection be obtained at the time of collection.

For Cause Situations

Testing has been used here commonly following either major accidents or incidents where alcohol or other drugs may have been involved, or where an employee's behaviour has raised a supervisor's doubt and concern that they may be influenced by alcohol or other drugs.

If this is to be used, it is critical that procedures are agreed and in place prior to the incident so that there is a clear understanding of how each situation will be handled. It is also important that supervisors have been trained in these procedures and understand what is involved.

Again, before any biological sample is collected informed, written consent must be obtained.

Random Testing

Random testing, where the employee is unaware that a test is about to take place until just prior to the event, has been used in a number of situations. This approach closely parallels that used by the police with motorists in the community.

This is generally seen as a more preventative method than 'with cause' testing, where an incident has already occurred or a supervisor has become alerted that it is highly likely to occur. The extent to which drug and alcohol use in the workplace is uncovered by this technique will

depend on the frequency of the random testing. If used alone the frequency would need to be very high to alert management to all potential problem employees. It is better regarded as a safety net for when other supervisory and support network procedures have not been effective, and as a deterrent to abuse from fear of detection.

It is equally important in random testing programs that consent be obtained prior to sample collection, and that privacy for the individual is protected.

4.4 EVALUATION

The evaluation of the effectiveness of specific workplace strategies is limited. Much of the data is derived from overseas programs which reflect a different political, legislative social and industrial relations environment. Many studies which have attempted to evaluate the effectiveness of these programs suffer from significant methodological difficulties.

The formal evaluation of a workplace program may present significant difficulties.

- Measures of absenteeism, job turnover and injury statistics are frequently quoted but are not specific to drug and alcohol problems.
- Baseline data may not be available in some workplaces
- Benefits may not be reflected in short term evaluations
- Data gathering may be compromised by concerns over confidentiality.

Apart from a reduction in the reporting of incidents relating to drugs or alcohol, it seems impossible to separate statistical safety improvement due to a drug or alcohol program from other changes that result in improvement, thus reinforcing the need for a comprehensive OH&S program.

Management should receive summary data on employee assistance program participation rate, program costs and successful intervention rate.

- 2) Advise the individual that you have a responsibility to other employees or the general public to prevent further harm and gauge their response. This may be sufficient for them to take action 1.
- 3) Approach the employee's Union, preserving confidentiality, seeking cooperation to achieve action 1.
- 4) Failure of the above approaches may necessitate:
 - i) confronting the individual with an ultimatum
 - ii) recruitment of a second medical opinion and then a joint approach to the employer
 - iii) reporting under some statutory obligation
 - iv) directly informing a responsible officer of the employer

Confidential discussions can usually be made with Medical Defence organisations if the practitioner is considering actions under point 4.

A satisfactory outcome is however usually achievable when professional skill and judgement are used.

Further discussion on ethics for Occupational Physicians can be found in the College publication entitled 'Ethics for Occupational Physicians' February 1987.

5.0 THE ROLE OF AN OCCUPATIONAL PHYSICIAN

An Occupational Physician is a qualified medical practitioner who has attained Fellowship of the Australasian College of Occupational Medicine.

An Occupational Physician may be engaged by a company on a sessional basis, or be a full time employee of a large organisation.

An Occupational Physician has responsibilities to

- The employee
- The employer
- Other employees
- Professional colleagues, and
- The general public

An Occupational Physician can:

- advise on the level of risk
- recommend risk reduction options
- liaise with external practitioners
- communicate with the employees and their representatives

An Occupational Physician will seek to:

- secure workplace health and safety
- achieve fair and equitable treatment of all stakeholders
- optimise the outcome for an individual

Ethical Conflict

There will be occasions where an employee has a drug or alcohol problem which, if unaddressed, will place the safety of fellow employees or the public at risk. The Occupational Physician may be faced with an ethical conflict where the rights of the individual impinge on the rights of others. The following notes are aimed at assisting in working through such an issue.

Occupational Physicians should ensure that they are working in a sound policy framework which protects confidentiality, provides appropriate information, assistance and support to individuals in need, addresses causes, not symptoms, and utilises tests with appropriate sensitivity, specificity and validity.

Where an Occupational Physician acquires knowledge of an individual problem that compromises safety, the following options are available:

- 1) To convince the individual to divulge his/her own problem to the appropriate person so action can be taken.

- 2) Advise the individual that you have a responsibility to other employees or the general public to prevent further harm and gauge their response. This may be sufficient for them to take action 1.
- 3) Approach the employee's Union, preserving confidentiality, seeking cooperation to achieve action 1.
- 4) Failure of the above approaches may necessitate:
 - i) confronting the individual with an ultimatum
 - ii) recruitment of a second medical opinion and then a joint approach to the employer
 - iii) reporting under some statutory obligation
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6.0

FURTHER INFORMATION

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For further advice, contact:-

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7.0

APPENDICES



OCCUPATIONAL HEALTH AND SAFETY

CAI POLICY STATEMENT

on

IMPAIRMENT OF WORK PERFORMANCE**ARISING FROM****ALCOHOL OR DRUG ABUSE****ENDORSED BY CAI GENERAL COUNCIL MARCH 1991**

The central concerns underlying the approach of employers to the effects of impaired work performance due to alcohol or drug abuse on individuals in the workplace is that employees must at all times carry out their duties and responsibilities in a safe manner, consistent with the terms of their contract of employment.

Where an employer believes that a person's capacity to perform work in a safe manner may be impaired, then the employer has a responsibility to ensure that the person is not in a position of personal risk, and that the person does not present a risk to the health and safety of others.

CAI is cognisant of the duty of care which rests upon all employers and recognises the absolute right of the employer to take such steps as are necessary to properly comply with all OHS and other obligations imposed on the management of an enterprise.

Where an employer believes that substance abuse affecting work performance may be occurring, the employer must take steps to ensure the health and safety of the individual who may be suffering the effects of substance abuse, along with other employees who may be affected by the actions of that individual.

In these circumstances it is appropriate for the employer to remove the employee from any position of risk. Further action by the employer may involve referral to an appropriate assessment agency such as a medical practitioner or an employee assistance/counselling programme.

Where work responsibilities require the employee to maintain a consistent level of concentration or judgement to satisfy both statutory and moral obligations, the employer may need to periodically monitor the well being of the employee.

Where problems relating to alcohol or drug abuse arise, the above measures do not override the rights of the employer to take whatever steps may be necessary in particular circumstances, within the terms of the contract of employment.

**Prevention Pays**

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CONFEDERATION OF AUSTRALIAN INDUSTRY

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Guidelines
for the Management of
Alcohol or Drug Abuse
in the
Workplace



The Confederation of Australian Industry is conscious of the adverse effects which alcoholism or drug dependencies have on the Australian community in terms of human suffering and economic loss.

CAI recognises that alcoholism or drug dependencies are highly complex and sensitive conditions which are treatable.

CAI recognises also that alcohol abuse or drug dependency contribute to absenteeism, industrial accidents and lost production. These issues should not be ignored by management.

Benefits of taking Positive Action

The benefits of taking action on alcohol or drug abuse include:

- . ensuring the health and safety of employees;
- . minimising the costs of business interruption arising from labour loss;
- . identifying employees suffering from the effects of alcohol or drugs and assisting in the referral of such employees for counselling;
- . improving working relationships; and
- . establishing the organisation as a responsible employer.

Employee Assistance Programs (EAPs)

CAI supports the services available to industry through State Employee Assistance Program (EAP) bodies which are tripartite in nature, and receive some Government support to provide an EAP service to industry. Given the diverse needs of industry, including geographic location and size of enterprise, organisations may choose to develop their own internal EAP programs.

CAI encourages employers to develop an effective strategy for assisting employees with personal and work related problems some of which may result from alcohol or drug abuse. This may entail access to professional services from either private providers or State EAP bodies.

Managers, supervisors and employees should be trained in the early identification, intervention and referral of employees with work performance problems due to alcohol or drug abuse.

Matters which should be addressed prior to the establishment of an EAP program include concerns over confidentiality; arrangements for payment of fees; leave provisions;



performance reviews; the independence and qualifications of counsellors and further action which may be taken in the event of continued poor performance.

Employers should encourage employees to seek assistance voluntarily. Employees also need to recognise that they are responsible for the standard of their work and behaviour at work and that they are subject to the enforcement provisions of their contract of employment if their work remains unsatisfactory.

An EAP which is implemented by an organisation should provide for consultation with relevant parties and regular review where necessary.

Alcohol or Drug Testing

The introduction of alcohol or drug testing programs may be appropriate in work situations where impairment due to alcohol or drugs could represent a risk to the health and safety of the individual, work colleagues, members of the public or the environment.

Where such risks may arise regular or random alcohol and drug testing should only apply to persons where actual health or safety risks are involved in these circumstances provision must be made for such testing to be based on agreed and legally enforceable procedures. As part of a workplace program, it may be necessary to institute random searches, and searches for accident investigation purposes, of worksites.

Results from alcohol or drug testing need careful validation and interpretation as both false positives and false negatives can occur. Strict procedures are needed to ensure secure transit and transfer of samples.

Drug testing which is conducted, needs to be conducted by a laboratory equipped to do the initial immunoassay screen followed by confirmation of positives by gas chromatography/mass spectrometry techniques.

Confirmed positive results need to be carefully considered and managed given the complex social, moral and legal issues involved.

ACTU

ALCOHOL AND OTHER DRUGS POLICY PROPOSAL 1991

1. PREAMBLE

- 1.1 Congress recognises there is widespread concern with the issue of alcohol and drug use and dependency at the workplace. The concern arises both from the aspect of the health and well-being of the affected worker and the safety of other workers who may be put at risk by a person whose performance has been impaired by alcohol or other drugs.
- 1.2 Congress acknowledges that use of alcohol or other drugs may be a symptom of other problems. There are a number of work factors over which the individual employee has little control which will contribute to alcohol or other drug use. These factors include:
- (i) hazardous work
 - (ii) poor work environment
 - (iii) unrealistic deadlines
 - (iv) lack of job satisfaction
 - (v) lack of participation and control
 - (vi) inadequate training and supervision
 - (vii) work culture
 - (viii) shift work
- 1.3 It is only when drugs and alcohol are misused to the extent that the user cannot properly and safely carry out regular duties that a need arises for control and prevention measures. In any consideration of the appropriate response in particular workplaces, there must firstly be involvement of union representatives and secondly examination of the broad environmental factors such as those listed above.
- 1.4 Alcohol and drugs in the workplace must be seen in the context of the broad responsibility of an employer in regard to providing a safe and healthy workplace. Employers who demonstrate a disregard for their responsibilities in this area should not expect co-operation from the union movement should they seek to focus on the narrow issue of alcohol and drug use. Any activity in this area must be part of a broadly based occupational health and safety program which is jointly developed by both employers and unions representing employees.

2. GENERAL PRINCIPLES

- 2.1 There must be joint development by unions and employers of comprehensive workplace occupational health and safety programs designed to identify, assess and control workplace hazards.

Appendix 2 continued

- 2.2 Should alcohol or other drug misuse be identified as a workplace issue, there will be joint development of a workplace specific alcohol and other drug program which should:
- (i) be solely related to safety at work;
 - (ii) have full participation in and joint control by workers and their representatives;
 - (iii) be applicable to both workers and management;
 - (iv) address the workplace causes of alcohol or other drug misuse;
 - (v) be consultative, educative and rehabilitative, not punitive;
 - (vi) maintain confidentiality at all levels.
- 2.3 Rehabilitative action should be undertaken during working hours or through schemes which include paid leave.
- 2.4 Congress rejects the introduction of workplace alcohol and drug testing programs without full consultation and agreement of all relevant parties, including unions representing employees.

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| <p>EXCERPT FROM ACOM "HEALTH PROMOTION IN INDUSTRY"</p> |
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4.6 ALCOHOL REDUCTION

Alcohol is associated with many health problems and alcohol consumption is high in Australia²⁵.

Binge drinking is common in 18-44 year old men and women. About three per cent of males and one per cent of females daily consume levels of alcohol which are harmful to the body. High risk drinking is more prevalent in single female parents of divorcees, and in lower social class of single males. Those exposed to easy availability of alcohol during the day, as in the brewing or hospitality industries, are particularly vulnerable. Only 20 per cent of males and 40 per cent of females of working age are abstinent.

The consequences of this heavy drinking pattern are considerable.

- Alcohol is a factor in more than 50 per cent of all road casualties, both cutting life short and creating life-time invalids.
- Productivity losses and industrial accidents attributable to alcohol are estimated to cost \$1,000 million annually or \$3,000 for each alcohol dependent employee.
- Alcohol is implicated in brain damage, cirrhosis of the liver, a variety of cancers of the digestive system and several other diseases including high blood pressure.
- It is a significant cause of absenteeism caused by hangovers and disease.
- Alcohol consumption in pregnancy is related to miscarriages, low birth weight, physical abnormalities and mental retardation.
- Alcohol dependency has long been recognised as a problem in Australian industry from its effect on productivity, absenteeism, premature retirement and deaths, and accidents.

While there is a fraction of the drinking population who are the heaviest drinkers and contribute to alcohol related problems, the majority of problems arise from normal or "social" drinkers simply because of their sheer numbers. Preventative strategies should not focus only on the high risk groups but should include the large number of low risk drinkers too, so as to reduce the general level of alcohol consumption and achieve widespread benefits⁸.

The causes of alcoholism are not clear and attention mainly needs to be directed to:

- * Reduction of alcohol consumption by the whole population or work group.
- * Early identification of those affected.

4.6.1 Drinking Patterns

Patterns of drinking should be influenced by education regarding responsible drinking, and by altering structures which lead to excessive drinking.

The NH and MRC considers responsible drinking to be the following:

- men should not exceed four (4) standard drinks a day (see 4.5.1 for description of a standard drink)
- women should not exceed two (2) standard drinks a day (the lower value is because of differences between the sexes in metabolism of alcohol)
- persons who intend to drive or operate machinery should not drink
- abstinence in pregnancy

This information should be included in education programs.

Although genetic and psychological factors contribute, a person's drinking behaviour is strongly influenced by cultural, social and economic factors. Work factors that may be considered and discussed include:

- the effects of ready access to alcohol as in bar tenders, or cheap alcohol as in the military
- the use of heavy drinking for mate-ship as in police forces or mines
- the effects of split shift rosters on drinking patterns
- the availability of non-alcoholic or low alcoholic drinks at social functions and an acceptance of some responsibility for the safety of people who drink too much
- the example set by management or union officials.

4.6.2 Alcoholism Programs

Authorities on alcohol problems believe that only five per cent of alcoholics are on "skid row," but the other 95 per cent are still holding down jobs. Deteriorating work performance is a late stage of alcohol abuse, yet it provides the only criterion for management to intervene.

As a result of pioneering work done in Australia in the early 1970's, many large companies introduced Occupational Drug and Alcohol Programs (ODAPs). These were joint management - union programs, designed to recognise deteriorating work performance and when alcohol was suspected as the cause, to recognise, refer and rehabilitate the problem drinker in industry rather than to identify and sack the offender.

The introduction of such programs later became part of ACTU policy. While many companies continue to have such policies and programs and report success, a controlled trial has not confirmed their effectiveness²⁶.

In recent years there has been a swing away from simple ODAPs to introduce Employee Assistance Programs (EAPs). These are designed to provide a counselling service for troubled employees and work on referral from supervisors when employees are exhibiting deteriorating work performance or on the basis of self-referral.

Employees experiencing marital, financial, inter-personal, and work related problems as well as those affected by substance abuse are all eligible for referral.

The aim is to enable employees to seek assistance before deteriorating work performance leads to disciplinary measures or to intervene early enough in the disciplinary process to avoid dismissal. The benefits of EAPs also have yet to be clearly demonstrated.

Further information on drug and alcohol resources is given in the Appendix.

4.6.3 Accidents

Alcohol is an important cause of accidents at work, on the road and at home. Education about the effects of alcohol and alcohol programs may be helpful.

Staff who are required to hold driving licences may be a group particularly receptive to information about drinking and the legal limit. Preventative action might include teaching pre-drivers and drivers involved in accidents the risks of being on the road and giving them skills to handle their vehicles. It will also include giving them knowledge of the adverse effects of alcohol and other drugs on driving performance.

Further studies to evaluate the usefulness of education about drinking and driving to select groups should be undertaken. Information on the effects of alcohol and driving is available from Road Safety & Traffic Authorities.

4.6.4 Substance Abuse, Other than Alcohol

Alcohol remains the drug most commonly abused in this country, even among the young.

However, there is an increasing drug problem involving the abuse of prescribed tranquillisers, over-the-counter analgesics and glue sniffing, as well as the illegal drugs such as amphetamines, cannabis, cocaine and heroin. The adulteration of these illegal drugs, the lifestyle associated with their use and their high cost all contribute to the poor health of those who use them.

Education regarding their dangers (without promoting notoriety), disciplinary action against those who use or trade them at work, and the offer of treatment through an Occupational Drug and Alcohol Program are measures which can be taken to deal with this problem.

The abuse of solvent vapours ("glue-sniffing") at work is a particular issue that industry should take steps to detect and curtail.